



Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Recertification

This form is to be used by Qualified Entities (QE) when completing annual recertification.

Name of Qualified Entity (QE):	
National Provider Identifier (NPI) Number:	
User Full Name:	
Telephone Number:	
User Email:	

☐ Please check here if you agree to receive future relevant provider information from the Iowa Medicaid Enterprise (IME) using this email address. This email address will not be given out and will not be used for any other purpose.

1. I have reviewed the webinar training.

☐ Yes
☐ No

Completion Date of Training:	
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2. I have read and agree to the terms stated in the Memorandum of Understanding (MOU).

☐ Yes
☐ No

☐ I certify that I am an approved Qualified Entity enrolled with Iowa Medicaid certified by DHS with the authority to make presumptive eligibility determinations as a Qualified Entity. By signing this document I understand that any false statement, omission or misrepresentation may result in prosecution under state and federal laws.

Signature:	Date:
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You may also fill out, print and mail the completed form to:

Iowa Medicaid Enterprise
Provider Services Unit
PO Box 36450
Des Moines, IA 50315

IMEProviderEnrollment@dhs.state.ia.us